



August 31, 2020

Web Announcement 2295

Drug Use Review (DUR) Board Approves Changes Effective August 31, 2020

The Nevada Medicaid Drug Use Review (DUR) Board met on April 30, 2020, and voted to adopt the following changes. These changes are effective August 31, 2020.

Drug Class/Program	Changes
Anti-Migraine Medication	Added new prior authorization criteria for Ubrelvy™, Emgality®, Aimovig® and Ajovy®.
Cystic Fibrosis Agents	Added new prior authorization criteria for Trikafta®.
Narcolepsy Agents	Added new prior authorization criteria for Wakix®.
Proton Pump Inhibitors (PPIs)	Removed the concomitant therapy with an H2 antagonist and sucralfate restriction.
Sickle Cell Anemia Agents	Added new prior authorization criteria for Adakveo® and Oxbryta®.
Toradol® (Ketorolac)	Added a max daily dose of 40mg.

Prior authorization forms may be found at: <https://www.medicaid.nv.gov/providers/rx/rxforms.aspx>